

**APPLICATION FOR APPROVAL
COVERED ELECTRONIC WASTE RECOVERY AND RECYCLING PAYMENT SYSTEM**

This application form is to be used by entities intending to participate in the Covered Electronic Waste Recovery and Recycling Payment System (Title 14, California Code of Regulations Section 18660.5 *et seq*) established pursuant to the Electronic Waste Recycling Act of 2003. To receive approval under this payment system, all applicants must first comply with ALL applicable Department of Toxic Substances Control (DTSC) regulations.

Supplemental information and/or documents may be required to complete this application. Clearly label all additional documents.

Type or print legibly in ink. Strike through and rewrite any changes, do not use correction fluid or tape.

<input type="checkbox"/> NEW Application					<input type="checkbox"/> INFO. UPDATE - CEWID# _____					<input type="checkbox"/> RENEWAL - CEWID# _____					
APPROVAL REQUEST (<u>Check</u> one only)															
<input type="checkbox"/> Collector (Complete application sections A & B)					<input type="checkbox"/> Recycler (Complete application sections A & C)					<input type="checkbox"/> Dual Entity (Complete application sections A, B, & C)					
SECTION A: COLLECTOR, RECYCLER AND DUAL ENTITY APPLICANTS															
A1. APPLICANT INFORMATION															
Organization Name (as authorized to transact business in California)															
Physical Address					City			County		State		Zip			
Mailing Address (if different than physical address)					City			County		State		Zip			
Address where operational records will be maintained					City			County		State		Zip			
Main Phone Number				Fax Number				Internet Address							
A2. AUTHORIZED PERSONNEL															
Check appropriate boxes below each signature to reflect the signatory's level of authorization for signing documents and correspondence. <i>Level of authorization descriptions: Primary- Application changes and all other contact. Main- General issues and any other levels checked.</i>															
Primary Authorized Person's Printed Name					Phone Number			E-mail Address							
Primary Authorized Person's Signature															
<input type="checkbox"/> Primary (one only)					<input type="checkbox"/> Main Contact (one only)			<input type="checkbox"/> Payment Claims			<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents	
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															
<input type="checkbox"/> Main Contact (one only)					<input type="checkbox"/> Payment Claims			<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents				
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															
<input type="checkbox"/> Payment Claims					<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents							
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															
<input type="checkbox"/> Payment Claims					<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents							
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															
<input type="checkbox"/> Payment Claims					<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents							
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															
<input type="checkbox"/> Payment Claims					<input type="checkbox"/> Net Cost Report			<input type="checkbox"/> Other Documents							
Authorized Person's Printed Name					Phone Number			E-mail Address							
Authorized Person's Signature															

A3. ORGANIZATION TYPE (Check one only)

A. For Profit

- | | |
|--|---|
| <input type="checkbox"/> Individual Doing or Proposing to do Business under a Different Name (Attach copy of business license and, if applicable, fictitious business name statement) | <input type="checkbox"/> Individual (Attach copy of business license) |
| <input type="checkbox"/> California Corporation (Attach copy of Articles of Incorporation and name and position of all current corporate officers as filed with the Secretary of State, any fictitious business name statement, corporate number and agent for service of process) | <input type="checkbox"/> Husband and Wife or Domestic Partnership co-ownership (Attach copy of business license and, if applicable, fictitious business name statement and supply both spouses'/partners' names)
_____ and _____ |
| <input type="checkbox"/> Corporation from a State Other Than California (Attach copy of approved certificate from California Secretary of State qualifying and authorizing corporation to transact business in California) | <input type="checkbox"/> Partnership (Attach copy of current partnership agreement and any fictitious business name statement) |
| <input type="checkbox"/> California Limited Liability Company (LLC) (Attach copy of Articles of Organization and Statement of Information as filed with the Secretary of State, any operating agreement, any fictitious business name statement, and agent for service of process) | <input type="checkbox"/> California Limited Liability Company from a State Other than California (LLC) (Attach copy of certificate from the California Secretary of State authorizing LLC to transact business in California) |

B. ☐ Non Profit or Charity

Attach description of organization and copy of letter from Federal Internal Revenue Service or the State of California Franchise Tax Board confirming tax exempt status. Non-profit corporations may provide a letter confirming tax-exempt status or may provide exact corporate name and number as filed with the California Secretary of State.

C. ☐ Government Agency (For recycler and dual entity applicants, **attach** a copy of authorizing resolution from governing body)

D. ☐ School/School District (**Attach** copy of authorizing letter or resolution from governing body)

E. ☐ Other (Describe) _____

SECTION B: COLLECTOR, RECYCLER AND DUAL ENTITY APPLICANTS ONLY

Department of Toxic Substance Control (DTSC) Notification Requirements:

Collectors must notify the Department of Toxic Substances Control (DTSC) of their Intent to Handle CRTs and/or Universal Waste Electronic Devices (UWEDs) and report on those activities annually per the requirements found in Chapter 23 of Title 22 of the CCR. Contact DTSC for available forms at www.dtsc.ca.gov or (800) 72-TOXIC. You may also complete the notification on the internet at www.dtsc.ca.gov/database/UWED/index.cfm. Compliance with all applicable DTSC regulations is solely the responsibility of the applicant. Applicants who fail to submit the required notification or annual reporting will be denied CIWMB approval.

Organization Name under which Collector notified DTSC: _____

Date Collector last notified or reported to DTSC as a CRT/UWED Handler (Month/Day/Year): _____

B1. WASTE TYPES AND ACTIVITIES

Types of California sources from which Covered Electronic Wastes (CEWs) will be recovered (Check all that apply):

- ☐ Households ☐ Businesses ☐ Other Collectors ☐ Other (describe) _____

Type(s) of CEWs that will be recovered (Check all that apply):

- ☐ Cathode Ray Tube (CRT) Televisions ☐ CRT Computer Monitors ☐ Other CRT (describe) _____
- ☐ Laptop Computer with Liquid Crystal Display (LCD) ☐ LCD Monitors ☐ LCD/Plasma Televisions ☐ LCD Portable DVD Players

Intent to accept/recover CEWs from outside of the State of California (Check one only):

- ☐ Will NOT accept CEWs from non-California sources ☐ Will accept CEWs from non-California sources

Collection Activity Descriptions (Attach additional sheets as needed):

Provide: **1)** all locations where collection activities occur, **2)** brief description of activities, and **3)** note which are cost-free collection opportunities.

EXAMPLE: 1) 123 Main Street, Anytown, CA 99999, 2) Accept drop-off of CEW M-F 8:00-5:00, 3) All CEW drop-off is cost free.

☐ Check this box to indicate whether your organization wishes to be included in an on-line directory. To include your locations in the CIWMB Electronic Product Management Directory (www.erecycle.org/search.asp), please visit www.ciwmb.ca.gov/Electronics/Collection/intake.asp.

B2. CERTIFICATION STATEMENTS		
The undersigned collector agrees under penalty of immediate revocation of approval and denial of recovery payments, that as an approved collector:		
_____ (Initial)	"I have read and understand the requirements set forth in the statutes and regulations governing this program. "	
_____ (Initial)	"I shall operate in compliance with the requirements of this Chapter (Title 14, California Code of Regulations, Division 7, Chapter 8.2, commencing with Section 18660.5), the Act and with all applicable local, state and federal regulatory provisions."	
_____ (Initial)	"I shall make reasonable efforts to ensure that any CEWs for which payment is claimed originate from a California source."	
_____ (Initial)	"I shall provide free CEW collection to California sources if the payments I receive from Recyclers fully cover the net cost of collection, transportation and charges paid to the Recycler."	
_____ (Initial)	"I shall establish a cost-free CEW collection opportunity for California sources."	
B3. DECLARATION AND SIGNATURE		
The undersigned collector certifies under penalty of perjury under the laws of the State of California that the information provided herein is true and correct.		
Primary Authorized Person's Printed Name		
Primary Authorized Person's Signature		
Location where signed:		
City	State	Date Signed

***THIS COMPLETES THE COLLECTOR PORTION OF THE APPLICATION,
RECYCLER APPLICANTS, CONTINUE TO SECTION C.***

SECTION C: <u>RECYCLER AND DUAL ENTITY APPLICANTS ONLY</u>	
Recyclers must submit applicable documentation to the Department of Toxic Substances Control (DTSC) to secure authorization to treat or recycle CRTs and/or UWEDs. Compliance with all applicable DTSC regulations is solely the responsibility of the applicant. Applicants who fail to submit the required documentation and secure proper authorization from DTSC will be denied CIWMB approval. Visit www.dtsc.ca.gov for more information.	
C1. CERTIFICATION REQUIREMENTS	
Indicate that the following requirements have been satisfied (Initial each line):	
_____ (Initial)	The Recycler and its facility are in compliance with applicable requirements of Chapter 23 (commencing with Section 66273.71) of Division 4.5 of Title 22 of the California Code of Regulations.
_____ (Initial)	The facility has been inspected by DTSC within the past 12 months, as specified in Section 42479 (b)(2)(A). Date inspection occurred: _____ OR A DTSC inspection has been requested but not yet completed. <i>(Note: The CIWMB will review the remainder of this application and will withhold approval until the DTSC inspection is completed and applicant is in conformance with DTSC requirements. Applicant must notify the CIWMB once the inspection has been conducted.)</i> Date inspection requested: _____
_____ (Initial)	The facility is accessible during normal business hours for unannounced inspections by state or local agencies.
_____ (Initial)	The facility has and certifies compliance with a health and safety plan.
_____ (Initial)	The facility has and certifies compliance with an employee training plan.
_____ (Initial)	The facility has and certifies compliance with an environmental compliance plan.
_____ (Initial)	The facility meets or exceeds the standards specified in Chapter 1 (commencing with Section 1171) of Part 4 of Division 2, Division 4 (commencing with Section 3200), and Division 5 (commencing with Section 6300) of the Labor Code.
_____ (Initial)	The Recycler is a licensed Weighmaster (attach a copy of Weighmaster license issued by the Division of Measurement Standards - www.cdfa.ca.gov/dms).

C2. RECYCLING METHODS AND COVERED ELECTRONIC WASTE TYPES

Identify the method(s) of Covered Electronic Waste (CEW) cancellation used (or intended to be used) by the Recycler. (**Check** all that apply):

- ☐ CRT Crushing/Shredding ☐ Dismantling Non-CRT CEW to a Bare Panel
☐ Dismantling to a bare CRT after relieving the vacuum ☐ Crushing/Shredding of the Entire Non-CRT CEW

Identify the Type(s) of CEWs that may be cancelled (**Check** all that apply):

- ☐ Cathode Ray Tube (CRT) Televisions ☐ Computer Monitors ☐ Other CRT (describe) _____
☐ Laptop Computer with Liquid Crystal Display (LCD) ☐ LCD Monitors ☐ LCD/Plasma Televisions ☐ LCD Portable DVD Players

Intent to process CEWs from non-California sources:

- ☐ Will NOT process CEWs from non-California Sources ☐ Will process CEWs from non-California Sources

To be completed if applying as a Recycler only, not as a Dual Entity.

List at least one (1) collector from which the recycler has accepted, has contracted to accept, or intends to contract to accept CEWs for cancellation (Attach a letter from the collector certifying under penalty of perjury the collector intends to transfer California CEWs to the recycler for recycling).

Collector's Name

Collector's Mailing Address

City

State

Zip

Collector's Contact Name

Collector's Contact Telephone Number

C3. PAYEE DATA RECORD

Complete and attach a completed "Payee Data Record" STD. 204 Form-Department of Finance, State of California, with an original signature of the primary applicant. (The form is available from the CIWMB at: www.ciwmb.ca.gov/Electronics/Forms/Std204EWaste.pdf)

C4. CERTIFICATION STATEMENTS

The undersigned recycler agrees under penalty of perjury and of immediate revocation of approval and denial of recycling payments, that as an approved recycler:

- _____
(Initial) "I have read and understand the requirements set forth in the statutes and regulations governing this program."

(Initial) "I shall operate in compliance with the requirements of this Chapter (Title 14, California Code of Regulations, Division 7, Chapter 8.2, commencing with Section 18660.5), the Act and with all applicable local, state and federal regulatory provisions."

(Initial) "I shall provide free CEW recycling by accepting without charge CEWs from approved Collectors if the payment from the CIWMB fully covers the net cost of the CEW recycling."

(Initial) "I shall not adjust fees, charges or other contract provisions upward for the purpose of negating the recovery payment to approved Collectors."

(Initial) "I shall fully reimburse an approved Collector for all CEWs and/or CEWs transferred at the rate specified in this Chapter (Title 14, California Code of Regulations, Division 7, Chapter 8.2, commencing with Section 18660.34) within 90 days."

C5. DECLARATION AND SIGNATURE

The undersigned certifies under penalty of perjury under the laws of the State of California that the information provided herein is true and correct.

Primary Authorized Person's Printed Name

Primary Authorized Person's Signature

Location where signed:

City

State

Date Signed

Send completed application and supplemental documentation to:

California Integrated Waste Management Board
 Attention: Electronic Waste Recycling Program, Application Processing, MS #9
 1001 I Street, P.O. Box 4025
 Sacramento, CA 95812-4025

For further information regarding this application form or the approval process:

Phone: (916) 341-6000
 E-Mail: ewaste@calepa.ca.gov
 Internet: www.ciwmb.ca.gov/Electronics/Act2003/